

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

95 MAY -1 AM 5:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600001471986  
-05/02/95--01158--018  
\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P30096** (2)

1. Corporation Name  
**THE TORRINGTON COMPANY**

Principal Place of Business: **59 FIELD STREET TORRINGTON CT 06790**

Mailing Address: **59 FIELD STREET TORRINGTON CT 06790**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

3. Date Incorporated or Qualified: **07/05/1990**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **06-0564725**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1270 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(NOTE: Registered Agent signature required when resigning)


12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>NIXON, ALLEN M.</b>
STREET ADDRESS	<b>52 DANIEL TRACE</b>
CITY - ST - ZIP	<b>BURLINGTON CT</b>
TITLE	<b>V</b>
NAME	<b>KELLEHER, GEORGE R.</b>
STREET ADDRESS	<b>RFD #2, NILES ROAD</b>
CITY - ST - ZIP	<b>WINSTED CT</b>
TITLE	<b>S</b>
NAME	<b>BOYD, ROBERT T.</b>
STREET ADDRESS	<b>8 MULBERRY LANE</b>
CITY - ST - ZIP	<b>AVON CT</b>
TITLE	<b>V</b>
NAME	<b>JOHNSON, FRANK C.</b>
STREET ADDRESS	<b>117 FOX DEN</b>
CITY - ST - ZIP	<b>AVON CT</b>
TITLE	<b>V</b>
NAME	<b>MARTIN, STEVEN T.</b>
STREET ADDRESS	<b>52 ORCHARD ROAD</b>
CITY - ST - ZIP	<b>WEST HARTFORD CT</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, only in attachment with an address:

SIGNATURE:  **GEORGE R. KELLEHER**  
VICE PRESIDENT & CONTROLLER 4/21/95 (203) 626-2897